



Industry Sector Analysis ITALY

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Home Healthcare and Medical Devices for the Disabled

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SUMMARY

This report provides an overview of the sectors covering home healthcare and medical devices for disabled and physically impaired persons in Italy. Italy lags behind in providing adequate assistance to the disabled when compared to other European countries. For this reason, and in order to comply with European regulations, it is expected that the Italian market will grow approximately 10-12% over the next 3-5 years.

In this report, home healthcare is defined as including devices for the disabled and for the physically and mentally impaired. This is due to the great overlap of products and services which are supplied to people with various degrees of physical limitations. There are no official figures which can be attributed to the whole sector, which is extremely wide-ranging; however, estimates indicate the market for home healthcare and devices for the disabled is approximately \$ 3 billion.

The latest statistical data available (1990) indicates that Italy has over 2.2 million inhabitants affected by some type of impairing condition; of this number 1.4 million can be considered permanently impaired.

The publicly-funded Servizio Sanitario Nazionale (SSN), Italy's National Health Service, provides universal and largely free healthcare to 57 million Italians. This has created a culture where patients generally do not expect to pay for healthcare services, except for limited co-payments.

As in many developed countries, Italy's elderly population is increasing. This trend will place additional stress on the national healthcare system, driving increased need for adequate provision of long-term care, both in the form of home care and nursing homes. The SSN provides limited options for nursing homes, care for the elderly and/or disabled, and those recovering from surgery. In this area, the private sector is likely to assume a greater role. Persons in the 70-80 age bracket (16% of the Italian population) already account for over 35% of hospitalizations and close to 50% of total hospital days.

The market for private provision of home medical and nursing care is likely to expand dramatically in Italy. US. companies and organizations that can provide new ideas and cost-effective services should find excellent opportunities in Italy.

A. GENERAL OVERVIEW OF THE ITALIAN HEALTHCARE SYSTEM

The Italian Public Healthcare System (SSN)

In 1978, Italy established its current national healthcare service, Servizio Sanitario Nazionale (SSN), based on the principle of "universal entitlement": the state would provide free and equal access to preventive care, medical treatment, and rehabilitation services for all residents.

However, free and universal health care coverage, coupled with an aging population, dramatically increased the use of medical services, thereby significantly driving up healthcare expenditures. Therefore, a process of gradual revision of the original approach took place early on, in an attempt to regulate demand for services and curb expenditures. An elaborate system of user co-payments was gradually introduced. The impact of the increase in co-payments, however, was partially offset by a system of exemptions based on age, income, and type of health disability incurred by the patient. Currently, some 20 million Italians are exempted from co-payment.

The SSN is by far the major healthcare provider in Italy. Public and private healthcare expenditures in Italy totaled \$75.1 billion in 1996. The Public expenditure portion amounted to \$55.7, or over 74 percent of the total expenditure for healthcare. However, private expenditure is increasing at a greater pace. Furthermore, the SSN purchases a significant portion of the "public" home healthcare services it supplies from private providers .

SSN Evolution

The Italian government introduced significant changes to the SSN in 1993. These changes increased the role and functions of the Regions and reduced the role of the central government; the first step was to decrease the number of local health units and transform them into Aziende Sanitarie Locali (ASL) or "Local Health Companies", which were to be managed using private sector criteria. Other reforms include the designation of larger, more specialized hospitals, called Aziende Ospedaliere (AO) or "Hospital Companies", which were given the same organizational and administrative autonomy as ASLs. The government introduced a new financial forecasting method based on the estimated volume of services and DRGs (Diagnosis Related Groups); and lastly the reforms allowed patients to choose among healthcare service providers (either public or "accredited" private institutions.) Changes were expected to lead gradually to reduced bureaucracy, better services, and more choice for patients.

Following the 1993 reform, the Italian SSN is structured in three layers; national, regional, and local. There are 228 ASLs and 82 AOs, and the system is gradually evolving towards a regional health network.

The Ministry of Health, through a three-year National Health Plan ("Piano Sanitario Nazionale"), determines primary objectives in the fields of prevention, therapy and rehabilitation. It also states the minimum levels of healthcare which must be guaranteed to all citizens, and provides guidelines for the organization, delivery, and financing of the healthcare services paid for by the SSN.

The 21 Italian regions organize the delivery of healthcare services through local ASLs and AOs. These regions develop their own regional health plans, by determining the necessary number of ASLs, and establishing operational guidelines. They also decide the amount of funds to be transferred to ASLs, make reimbursements to accredited private organizations for services rendered to the SSN, and exercise control over the quality of such services.

Private hospitals, nursing homes, rehabilitation centers, and specialized medical centers can be “accredited” with the SSN. In fact, the vast majority of them seek accreditation. In this way, they become part of the SSN system.

SSN Financing

The 1993 SSN reform also brought changes in financing and budgeting procedures. The central government maintains the overall planning function and basic financial responsibility, that is, it transfers funds to the regions to pay for a minimum set of services that must be guaranteed to each citizen in each region. Each region will therefore receive resources in accordance with its population. Whatever extra costs are needed to meet additional services must be covered with regional resources. This way, the regions and ASLs are encouraged to contain costs and promote the efficient use of resources.

ASLs and AOs receive resources from the region based on the number of residents. Funds are used to pay for the services provided by ASLs and AOs directly, as well as to reimburse accredited private healthcare services providers.

SSN Structures

The following is a partial listing of SSN organizational structures (1996 figures). Private organizational structures accredited with the SSN are also included.

Primary care:

- 47,637 general practitioners and 6,427 pediatricians. On average, each GP has 1,028 patients, and each pediatrician 1,302 patients. Doctors work with the SSN on the basis of a national agreement (which may be enhanced at the regional level) and are paid a fixed amount per patient. Patients can freely choose and change their doctor within the ASL where they reside.
- 3,003 specialized and general medical wards, with 15,788 doctors.
- approximately 16,000 pharmacies (those working with the SSN on the basis of a national agreement for payments and services.)

Specialists' care:

- 3,919 diagnostic and specialized medical facilities managed by the SSN directly, plus 6,075 accredited private clinics;
- 2,378 SSN maternal and pediatric centers, plus 10 accredited private centers;
- 1,048 SSN centers for mental health, plus 10 accredited private centers;
- 1,025 SSN centers for physically disabled persons, plus 280 accredited private centers;
- 498 SSN centers for the treatment of drug addiction, plus 13 accredited private centers;
- 5,037 SSN centers for various other health-related services, plus 227 accredited private centers.

Hospital care:

- 1,005 SSN hospitals, plus 675 accredited private hospitals and clinics, of which 155 are rehabilitation facilities.

Private Healthcare

Italian citizen dissatisfaction with the efficiency and quality of their public healthcare services probably ranks among the highest in Europe. Largely as a consequence of this situation, and because of the increase in co-payments, demand for the private market for healthcare services has increased steadily in the past few years.

In 1996, direct expenditure for private healthcare services reached 26 percent of total expenditure for healthcare, a strong and constant increase from 15 percent of expenditures in 1990.

B. STATISTICAL DATA

The only available statistical data are related to the sector of devices for the disabled, which includes orthosis and prosthesis, physical therapy equipment, medical aids for personal care and hygiene, devices for mobility, aids for home living, and devices for communication.

(in thousand US\$)	1999	2000	2001 (est)	Est. Annual Growth %, Next 3 Years
Imports	357	414	540	25%
Production	1111	1110	1250	
Exports	93	93	102	
Total Market	1375	1431	1688	10%
Imports from USA	124	144	189	35%
Exchange rate used (1\$ = lire)	1818	2000	1950	

(in million lire)	1999	2000	2001	Est. Annual Growth %, Next 3 Years
Imports	650	828	1050	
Production	2020	2220	2440	
Exports	170	185	200	
Total Market	2500	2863	3290	
Imports from USA	225	300	400	
Exchange rate used (1\$ = lire)	1818	2000	1950	

The above statistics are related to a large and highly diversified portion of the market, but do not include a wide range of other products, such as blood pressure monitors, oxygen therapy equipment, anti decubitus mattresses, maintenance beds, inhalation devices, nutrition therapy and infusion therapy equipment, inhalation devices, suction apparatuses, incontinence products, wound care products, diagnostic instruments for body functions, monitoring and alarm systems, basic

health care products, bandages and dressing aids and disposable and pharmaceutical products in general.

Taking into account these additional sectors, unofficial estimates value the overall Italian market for home healthcare products and devices for the disabled at approximately \$ 3 billion.

C. COMPETITIVE SITUATION

Italy has 1,872 companies operating in some capacity in the field of devices for the disabled and rehabilitation equipment. This large number takes into account small, individually owned and operated companies and orthopedic laboratories. It is thus broken down:

Manufacturing Companies	551 (133 Considered High-tech)
Commercial Distribution Companies	1,006
Service Companies	315

The average size of companies of this sector indicates that production companies have an average of 20 employees, while commercial distribution companies have an average of 12 employees. Only 4% of the manufacturing companies and 2% of the commercial companies have more than 99 employees. Approximately 40% of the firms considered have up to 5 employees.

The following table shows, in percentage for the volume of business, the share held by the various types of products.

	Manufacturer	Commercial Distributor
Orthesis and Prosthesis	6%	8%
Physical Therapy Devices	10%	10%
Care/Hygiene Devices	2%	5%
Mobility Devices	46%	32%
Home Living Aids	15%	13%
Communication Aids	20%	31%
Other Devices	1%	1%

The next table shows, in percentage, the share of aids for the disabled that are delivered to the patient under prescription by a specialized medical doctor:

Orthesis and Prosthesis	74%
Physical Therapy Devices	58%
Care/Hygiene Devices	34%
Mobility Devices	40%
Home Living Aids	34%
Communication Aids	11%
"Grabbing" Devices	28%
Recreational Activities Aids	27%

It is estimated that the SSN spends \$ 250,000 for every 100,000 inhabitants to provide devices for the disabled, broadly grouped in the above sectors.

The local market is very receptive to foreign products, provided they can offer advanced technological and performance features.

Italian exports in the sector are rather small and account for approximately 8% of production. Major destination countries are the UK, Germany, Spain, France, and Greece. Imports play a major role in the market and are estimated to have 25% market share. The United States is the leading foreign supplier of home health care equipment and devices for the disabled with an estimated 33-35% of the market, followed by Germany, France and Switzerland. US companies wishing to expand their export activity in Italy will find a large base of small and medium sized manufacturers/distributors or importers/distributors interested in acquiring innovative, high quality and cost effective products to add to their sales lines. American companies should be aware that the major factor in their competition with Italian and other European suppliers is pricing.

D. BEST PROSPECTS

US. made products and equipment on the cutting edge of technology will have the best market potential in Italy. High quality, reliability, performance, good pre- and post-sale assistance, and timely delivery are crucial factors for selling foreign products on the local market. The following is a partial list of the equipment and products which are predicted to have the best sales potential in the short term:

- wheelchairs and mobility aids in general
- anti decubitus mattresses
- orthopedic aids
- rehabilitation aids
- geriatric products and equipment in general

E. END USER ANALYSIS

As in many countries, the percentage of Italy's elderly population is increasing. Life expectancy (1996 data) is 81 years for women and 75 years for men. This "graying" of the country will place additional stress on the healthcare system, driving the need for adequate provision of long-term care, both in the form of home care and nursing homes.

Italy's population of 57,460,977 (1996) is growing slowly, with deaths (557,756) barely exceeding births (536,740). Italy has the lowest population growth rate (0.2 percent) and one of the highest percentages of elderly citizens in Europe. Italian senior citizens (over 65 years of age) currently represent 16.8 percent of the entire population. This percentage is higher in Northern Italy (18.2 percent.)

A key factor impacting on the Italian healthcare services sector in the future is the changing demographic profile of the population. The following is the composition by age (millions of persons) of the Italian population in 1996 and estimated in the year 2025:

Age Group	1996	2025
0 - 14 years	8.4	5.1
14 - 64 years	39.2	32.4
65+ years	9.8	13.1
Total Population	57.4	50.6

The main causes of death in 1994 have been the following (as percentages of total causes):

	Men	Women	Total
Cardiovascular Ailments	38.8	48.8	43.6
Cancer	31.9	24	28.1
Respiratory Diseases	7.1	4.9	6.1
Total Deaths	286,447	269,878	556,325

Italians today tend to be more demanding in their expectations for healthcare. In a context where public resources are likely to remain stable, better treatment will require increased efficiency of the SSN and increased cooperation with the private sector.

According to the latest estimates the number of disabled is in excess of 2.2 million (close to 4% of the entire population of Italy), with over 1.4 million considered permanently impaired. The most common causes of disability are the following:

	% Male	% Female	Total
Blindness	40.5%	59.5%	370,000
Hearing Impairment	48.3%	51.7%	590,000
Mentally Impaired	46.9%	53.1%	310,000
Deaf/Mute	46.7%	53.3%	45,000
Mobility Impaired	45.5%	54.5%	894,000

In terms of age 24.3% are 45-64 years old; 19% are 65-74 years old, and 40.5% are over 75 years of age.

SSN provisions for nursing homes and care for the elderly, disabled, and those recovering from surgery are limited. Home assistance and, in general, social services are the prime responsibility of the municipalities. In Italy, only 2 percent of persons 65 and over currently reside in nursing homes and less than 1 percent live independently in their own homes (which compares, for example to 5 and 9 percent respectively in Great Britain, and 6 and 7 percent in France.) Health economists estimate that some 30 percent of hospital days could be replaced by outpatient hospital care or some form of home medical care. Assistenza Domiciliare Integrata (Integrated Home Assistance) to reduce hospitalization and improve the quality of life is one of the priorities of Italy's National Health Plan for 1998-2000, and it is currently the subject of great experimentation.

There are various organizations (both profit and non-profit) providing nursing and long-term care and experimenting with new methods of delivery. The following are some examples:

- Consiglio Nazionale delle Ricerche (The National Research Council) has recently concluded a successful experiment in the city of Rovereto, involving the municipality and the local ASL, and has initiated other experiments in cooperation with Rete Argento, a private home assistance help provider.
- Italia Assistenza, a company based in Reggio Emilia since 1993, provides home care to elderly, disabled or sick persons through a franchising network with national coverage. After an agreement with Ireos, a subsidiary of Telecom Italia, it also provides telephone help and telemedicine services, such as electrocardiograms, by phone.

- ProntoSerenita' (Fitner/TeSan), a company headquartered in Vicenza, offers a program of assistance to elderly persons. It has an agreement with the Veneto region, but operates also in the rest of Italy with 23,000 service subscribers.
- ANT-Associazione Nazionale Tumori (National Cancer Association), a non-profit association, has concluded agreements with the ASLs in Bologna, Mestre and other cities for the provision of home care to cancer patients.
- Comitato Nazionale Gigi Ghirotti, another non-profit association, launched a program of telemedicine integrated with home care, and entered into an agreement with the ASL of Siena.
- In Milan, Medicasa, a private provider, introduced in the local ASL an experimental program of home care to patients afflicted by cancer, stroke, dementia, heart disease, and fractures. The results have been very encouraging.

F. MARKET ACCESS

The pricing factor is of paramount importance in final purchasing decisions by SSN, which controls approximately 70 percent of all expenditures in the overall sector.

The SSN has compiled a national register of devices for the disabled and products for home health care called "Nomenclature Tariffario." The products and equipment listed in the Nomenclature Tariffario are provided, free of charge, to a patient following the certification of needs by a qualified doctor. The price set for each individual item is generally the lowest available on the market. Often, if the disabled individual is in need of a better product, he or she must resort to a co-payment to upgrade the equipment needed. As an example, the reimbursement scale runs from an average of \$ 350 for a simple wheelchair to \$ 1500 for an electric powered wheelchair. Imported and better domestic products can be as much as double the price of the ones provided by the SSN. The equipment is given for use of the patient, but remains property of the SSN, which can require its restitution or can replace it after a fixed number of years (usually after an average of 5-7 years). There are provisions for the supply of equipment not included in the Nomenclature Tariffario if the patient has special needs. However, the prescription is evaluated by a regional commission which makes the decision based on the local availability of funds.

Throughout the country there are specialized occupational therapy and rehabilitation centers where experts can assess the medical conditions of patients, and determine the appropriate equipment that best fits individual needs. These centers gather information and maintain up-to-date databases on all products and equipment used for rehabilitation and home health care. In these centers patients have an opportunity to obtain information and to test equipment that may better suit their needs. The centers also provide a link to rehabilitation professionals and therapists in hospitals and nursing homes and supply them with information. In this way patients who are home based have access to products, information and assistance through hospitals.

Each region issues specific regulations governing the procurement of medical equipment, products, and services. Most purchases are made by public tenders, which are open to both domestic and foreign companies. Bidding specifications normally include a detailed technical description of the product to be purchased, as well as other requirements, such as CE marking, safety standards, testing procedures, operation manuals and quality assurance.

Award criteria are normally based either on the lowest price or the most economically advantageous quotation. The lowest price criterion is used when the product to be purchased is very clearly outlined in the bidding specifications and does not require any additional evaluation. This typically applies to disposables and products which have been previously tested and found satisfactory.

The economically most advantageous criterion considers various factors in addition to price, such as operational costs, delivery and performance time, quality, functional and design considerations, technical evaluation, and pre-and after-sale service. Unfortunately, it is common practice, when evaluating devices for the disabled, to allocate more points to the price instead of quality and performance features.

Companies that want to participate in public tenders must first qualify by submitting adequate evidence of their business experience and professional expertise. For that purpose, they must provide financial statements, bank credit reports, lists of customers, the qualifications of the company's top management, and other documents. Companies with poor business records are not allowed to take part in tender bidding. A record of companies qualified as "suppliers for the health care sector" is kept and updated regularly by the regional administrations.

While public tenders are open to both Italian and foreign companies, it is usually unrealistic for a foreign firm to believe that it can successfully circumvent the cumbersome bureaucratic procedures of public procurement without a base in Italy. US companies wishing to penetrate the Italian healthcare market should seriously consider working through a well established, aggressive Italian representative. Italian importers and distributors are usually well informed and eager to learn about new products available for import from the United States. The market for private provision of home medical and nursing care is likely to expand dramatically, and should provide good opportunities for US organizations which can provide new ideas and cost-effective services.

As a result of EU directives there is now one single certification, the CE Mark, that allows a producer and/or an importer to market their products in all EU countries. The CE Mark is symbolized by a label bearing the letter "CE" and is an EU-wide certification standard for most technical equipment, including more than 95% of home health care products. The CE Mark states that a product meets all applicable EU requirements. The CE certification includes certain language requirements for medical devices. All of the above information must be made available in Italian. Where appropriate, it is advisable to use graphical symbols in the labeling of medical devices.

For complete details on EU legislation and directives, US companies should contact the US Mission to the European Union. A complete compendium of all legislation and directives is available on the Internet at: www.europa.eu.int/. or at: www.mdss.com

G. KEY CONTACTS:

Host Government

Ministero della Sanita'
(Ministry of Health)
Direzione Professioni Sanitarie e
Risorse Umane e Assistenza Sanitaria di Competenza
Via Sierra Nevada 60
Roma-Eur
Phone: 39-06-5994.1
Fax: 39-06-59944142

Ministero della Sanita'
(Ministry of Health)
Healthcare Information and Statistical Office

Lungotevere Ripa 1
00153 Roma
Phone: 39-06-5994-5352
Fax: 39-06-59945251
Internet: www.sanita.it

Regional Healthcare Agencies

Regione Piemonte
Assessorato Sanita'
C.so Regina Margherita 153/Bis
10122 Torino
Phone: 39-011-43211
Fax: 39-011-4324629

Regione Valle D'Aosta
Assessorato Sanita'
Via De Tillier 30
11100 Aosta
Phone: 39-0165-273111
Fax: 39-0165-238914

Regione Lombardia
Giunta Regionale - Settore Sanita'
Via Stresa 24
20125 Milano
Phone: 39-02-67651
Fax: 39-02-67653259

Regione Liguria
Assessorato Sanita'
Via G.D'Annunzio 64
16121 Genova
Phone: 39-010-54851
Fax: 39-010-5485492

Provincia Autonoma di Bolzano
Assessorato alla Sanita'
C.so Liberta' 23
39100 Bolzano
Phone: 39-0471-991550
Fax: 39-0471-991679

Provincia Autonoma di Trento
Assessorato alla Sanita'
Via Gilli 4
38100 Trento
Phone: 39-0461-494150
Fax: 39-0461-494177

Regione Veneto

Giunta Regionale - Dipartimento Igiene Pubblica
Dorsoduro 3901
30123 Venezia
Phone: 39-041-2792111
Fax: 39-041-2791144

Regione Friuli Venezia Giulia
Direzione Regionale della Sanita'
Via Riva N. Sauro 8
34124 Trieste
Phone: 39-040-311670
Fax: 39-040-3775632

Regione Emilia Romagna
Direzione Generale Sanita'
Viale A. Moro 30
40127 Bologna
Phone: 39-051-283111
Fax: 39-051-283113

Regione Toscana
Giunta Regionale - Dipartimento Sicurezza Sociale
Via di Novoli 26
50127 Firenze
Phone: 39-055-4382111
Fax: 39-055-4383022

Regione Marche
Giunta Regionale - Assessorato Sanita'
Via Dell'Industria 10
60127 Ancona
Phone: 39-071-28201
Fax: 39-071-2801062

Regione Umbria
Assessorato alla Sanita'
Via M. Angeloni 61
06124 Perugia
Phone: 39-075-5041
Fax: 39-075-5042095

Regione Lazio
Assessorato Salvaguardia e Cura della Salute
Via Rosa Raimondi Garibaldi, 7
00145 Rome
Phone: 39-06-51681
Fax: 39-06-51683547

Regione Abruzzo
Assessorato Regionale Sanita'
Via Conte di Ruvo 74

65100 Pescara
Phone: 39-085-45351
Fax: 39-085-63768

Regione Molise
Assessorato alla Sanita'
Corso F. Bucci
86100 Campobasso
Phone: 39-0874-4291
Fax: 39-0874-429358

Regione Campania
Assessorato alla Sanita'
Via S. Lucia, 81
80132 Napoli
Phone: 39-081-7961111
Fax: 39-081-7962419

Regione Puglia
Assessorato alla Sanita'
Via Caduti di Tutte le Guerre, 15
70126 Bari
Phone: 39-080-5401111
Fax: 39-080-5403477

Regione Basilicata
Dipartimento di Sicurezza Sociale
Via Anzio, 75
85100 Potenza
Phone: 39-0971-448140
Fax: 39-0971-448900

Regione Calabria
Assessorato alla Sanita'
Via De Filippi
88100 Catanzaro
Phone: 39-0961-8511
Fax: 39-0961-770665

Regione Sicilia
Assessorato Regionale Sanita'
Piazza O. Ziino, 24
90145 Palermo
Phone: 39-091-6961111
Fax: 39-091-6965571

Regione Sardegna
Assessorato Igiene Sanita'
Via Roma 223
09123 Cagliari
Phone: 39-070-606282

Fax: 39-070-6065293

Trade Associations

ANIE

(Italian Association of Electrical Industries)

Gruppo 17 - Apparecchi Elettromedicali

Via A. Algardi 2

20148 Milano

Phone: 39-02-3264.1

Fax: 39-02-3264212

ASSOBIOMEDICA

(Italian Biomedical Association)

Via Olgettina 58

20090 Segrate (Milano)

Phone: 39-02-26411031

Fax: 39-02-26410413

F.I.O.T.O.

Federazione Italiana Tecnici Ortopedici

Italian Federation of Technical Orthopedics

Via L'Aquila 62

00176 Roma

Phone: 39-06-70300325

Fax: 39-06-70300267

S.I.V.A.

(Data Bank and evaluation of devices for the disabled)

Via Capecelatro 66

20148 Milano

Phone: 39-02-40308325

Fax: 39-02-40090157

AIMOS

(Italian Association of Orthopedic and Sanitary Companies)

Via Castelmorrone, 15

20129 Milano

Phone: 39-02-7482471

Fax: 39-02-7610885

A.N.D.I.

Associazione Nazionale Disabili Italiani

(Italian Disabled Association)

Via dei Monti Tiburtini, 534

00157 Roma

Phone: 39-06-4506536

Fax: 39-06-41734345

A.I.S.M.

Associazione Italiana Sclerosi Multipla

(Italian Multiple Sclerosis Association)

Vico Chiuso Paggi , 3

16128 Genova

Phone: 39-010-27131

Fax: 39-010-2470226

A.N.T.H.A.I.

Associazione Italiana Tutela Handicappati e Invalidi

(Italian Association for the protection of handicapped and disabled)

Via T. Fortifiocca, 100

00179 Roma

Phone: 39-06-7810772

Fax: 39-06-7820634

Ente Nazionale Per la Protezione e l'Assistenza dei Sordomuti

(National Association for the care of the deaf and mute)

Via Gregorio VII, 120

00165 Roma

Phone: 39-06-39366697

Fax: 39-06-6380931

U.I.C.

Unione Italiana Ciechi

(National Association for the blind)

Via Borgognona 38

00187 Roma

Phone: 39-06-699881

Fax: 39-06-6786815

A.N.G.L.A.T.

Associazione Nazionale Guida Legislazione Handicappati

(National Association of Legislative Matters pertaining to the Handicapped)

Via del Podere S. Giusto 29

00100 Roma

Phone: 39-06-6140536

Fax: 39-06-61520707

A.I.O.P.

(Italian Association of Private Hospitals)

Via Lucrezio Caro 67

00193 Roma

Phone: 39-06-3215653

Fax: 39-06-3215703

COPAG, CONSORZIO ACQUISTI E GESTIONI OSPEDALITA' PRIVATA

(Purchasing and Managing Consortium of Private Hospitals)

Via Lucrezio Caro 67

00193 Roma

Phone: 39-06-3612657

Fax: 39-06-3612357

FEDERTERME
(Italian Federation of Spas and Thermal Baths)
Via Sicilia 186
00187 Roma
Phone: 39-06-4817251
Fax: 39-06-4743463

Trade Fairs

EXPOSANITA'

Held every two years at the Bologna Fairgrounds.
The next edition will be held the last week in May 2002. The show is the most important in Italy, and features a wide range of home healthcare products, equipment, and services, devices for the disabled and rehabilitation equipment and products. It also features a broad array of medical, surgical, diagnostic and other health related products and equipment.

Show Organizer:
SENAF
Att: Mr. Proni
Via Michelino, 69
40127 Bologna
Phone: 39-051-503318
Fax: 39-051-505282
E-mail: senafbo@tin.it

Leading consulting organizations on healthcare services

UNIVERSITA' COMMERCIALE LUIGI BOCCONI
CERGAS, Centro di Ricerche sulla Gestione
Dell'Assistenza Sanitaria
Att: Dr. Marco Meneguzzo, Manager
Viale Isonzo 23
20135 Milano
Phone: 39-02-5836.2596
Fax: 39-02-5836.2598
E-mail: cergas.bocconi@uni-bocconi.it

ISTITUTO DI ECONOMIA SANITARIA
Att: Mr. Carlo Lucioni, Managing Director
Via Petrarca 13
20123 Milano
Phone: 39-02-4693512
Fax: 39-02-48195851

S.A.V.E.
Att: Mr. Giorgio Colombo, Manager
Via Rubens 23
20148 Milano
Phone and Fax: 39-02-4046259

Leading Trade Publications

Guida Monaci - Annuario della Sanita'
(comprehensive directory of healthcare suppliers)
Via Vitorchiano 107-109
00189 Roma
Phone: 39-06-3331333
Fax: 39-06-3335555
Internet: <http://www.italybygm.it>

Annuario dei Fornitori della Sanita' in Italia
(comprehensive directory of healthcare suppliers)
Pubblicita' Italia s.a.s.
Via Taglio 24
41100 Modena
Phone: 39-059-216688
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